

Effective October 1, 2000

Application or Docket Number-

325772022400

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS					(Column 2)		ľ			OR I [
			15			ar Salla land		RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/5 minus 20=				.	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		•			X40=		OR	X80=	_
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	ı	TOTAL		OR	TOTAL	710
CLAIMS AS AMENDED - PART II								•		•	OTHER	THAN
		(Column 1)	(Colur					SMALLE	NTITY	OR .	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T 01 4114	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	I CLAIM		<u>ا</u> ا	+135=		OR	+270=	
								TOTAL			TOTAL	
								ADDIT. FEE		On	ADDIT. FEE	
_	~30G#85#38# 3	(Column 1) CLAIMS	15.872.15.52.52.53		imn 2) HEST	(Column 3)	,		ADDI-	l 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	٠	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	· · · ·	=	1	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM		J	+135=		OR	+270=	
							1	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Coli	ımn 2)	(Column 3)		ADDIT: I EE		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER YOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
MEI	Independent	•	Minus	***		<u> </u>]	X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	IULTIPLE DEI	PENDEN	NT CLAIM			.405		1	+270=	
	If the entry in colu	mn 1 is loss than	the entry in colu	ımn 2 wri	ite "O" in c	olumn 3		+135=		OR	TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												